

**MORRISON | FOERSTER**

425 MARKET STREET  
SAN FRANCISCO  
CALIFORNIA 94105-2482  
TELEPHONE: 415.268.7000  
FACSIMILE: 415.268.7522  
[WWW.MOFo.COM](http://www.MOFo.COM)

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FROM: MICHAEL R. WARD  
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DATE: February 8, 2007

Number of pages with cover page:	14	Preparer of this slip has confirmed that facsimile number given is correct: <u>MRW1/8693/lxo3</u>

Comments:

Attorney Docket No: 416272003900

DOCUMENTS ATTACHED: RESPONSE TO OFFICE ACTION

- 1) Transmittal - 1 pg
- 2) Fee Transmittal - 2 pgs
- 3) Extension (3 months) - 1 pg
- 4) Response to OA of 8/8/06 - 9 pgs

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/519,121
		Filing Date	September 15, 2003
		First Named Inventor	Marc K. HELLERSTEIN
		Art Unit	1655
		Examiner Name	B. Shen
Total Number of Pages in This Submission	13	Attorney Docket Number	416272003900

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form IN DUPL- 2 pgs	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply R/ESP to OA of 8/8/06 - 5 pgs	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 1 pg	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement (Supplemental, 3 pages)	<input type="checkbox"/> CD, Number of CD(s)	FAX COVER SHEET - 1 pg
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)	
Signature		
Printed name	Michael R. Ward	
Date	February 8, 2007	Reg. No. 38,651

**FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the Commission for Petitions, at facsimile no. (619) 273-6306, on the date shown below:

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Effective on 12/01/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete If Known

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Application Number	10/819,121
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 15, 2003
TOTAL AMOUNT OF PAYMENT (8) \$16.00		First Named Inventor	Marc K. HELLERSTEIN
		Examiner Name	R. Shen
		Art Unit	1655
		Attorney Docket No.	416272003900

## METHOD OF PAYMENT (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP  
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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	FEE (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	160	80	-0-
Reissue	300	150	500	250	600	300	-0-
Provisional	200	100	0	0	0	0	-0-

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity  
Fee (\$)  
Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

350 180

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
	12-20 or HP	x	=	=	Fee (\$)	Fee Paid (\$)

HP + highest number of total claims paid for, if greater than 20

Fee (\$)  
Fee (\$)

Indep. Claims

0 0

Indep. Claims	Extra Claims		Fee (\$)	Fee Paid (\$)
	1-3 or HP	x	=	=

HP + highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  
Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x = =

## 4. OTHER FEE(S)

Other: 2263 EXTENSION OF TIME (3 months) 9510.00

SUBMITTED BY: MORRISON &amp; FOERSTER LLP CUSTOMER NO. 20872

Signature		Registration No. (Attorney/Agent)	38,661	Telephone	415/268-6237
Name (Print/Type)	MICHAEL R. WARD	Date	February 8, 2007		

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